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Bib Data Sheet

CONFIRMATION NO. 4844

SERIAL NUMBER 10/690,458	FILING DATE 10/20/2003 RULE	CLASS 514	GROUP ART UNIT 1625	ATTORNEY DOCKET NO. 3287.1000-003
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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of PCT/US03/12619 04/22/2003
 which is a CIP of 10/128,129 04/22/2002 PAT 6,693,198

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 01/21/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after	MA	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	<i>JMK</i> Allowance Examiner's Signature	Initials	10	29	3

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TITLE

Amonafide salts

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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